



EMPLOYER CONTACT INFORMATION

State Form 53142 (3-07)

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

School Name _____

TRF Unit # _____

Street Address _____

School Fax # _____

City, State, Zip _____

INSTRUCTIONS:

1. Assign system access for each person by placing a checkmark in the appropriate box(es) to the right.

Note: This information is required to activate your Employer Interactive website account.

		Submit New Enrollment	Submit Part II	SSN/TRF # Cross Reference	Submit P31	Pay P31
Superintendent (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					
Treasurer (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					
Part II Contact (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					
P31 Contact (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					
Authorized Agent (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					
Authorized Agent (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					
Authorized Agent (printed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email _____					
	Phone _____					

Superintendent Signature

Date